

APPLICANT'S NAME/FAIR LOCATION

PLEASE COMPLETE THE FOLLOWING INFORMATION PERTAINING TO LOCATION OF RIDES AND TYPE OF RIDES.

COUNCIL MEMBER – DISTRICT # _____

NYPD PRECINCT # _____

COMMUNITY BOARD # _____

FAIR DATES: _____ / _____ / _____ TO _____ / _____ / _____

CONTACT PERSON: _____

EMERGENCY TELEPHONE # FOR DURATION OF EVENT (THIS NUMBER MUST BE A NYC TELEPHONE NUMBER OR CELLULAR NUMBER): _____

BEEPER NUMBER CONTACT: _____

THE INSPECTION OF THE RIDES SHOULD BE MADE ON _____ **8:00 AM**

<u>RIDE NAME</u>	<u>RIDE ID #</u>	<u>PASS/FAIL</u>	<u>RIDE NAME</u>	<u>RIDE ID#</u>	<u>PASS/FAIL</u>
1. _____	_____	_____	16. _____	_____	_____
2. _____	_____	_____	17. _____	_____	_____
3. _____	_____	_____	18. _____	_____	_____
4. _____	_____	_____	19. _____	_____	_____
5. _____	_____	_____	20. _____	_____	_____
6. _____	_____	_____	21. _____	_____	_____
7. _____	_____	_____	22. _____	_____	_____
8. _____	_____	_____	23. _____	_____	_____
9. _____	_____	_____	24. _____	_____	_____
10. _____	_____	_____	25. _____	_____	_____
11. _____	_____	_____	26. _____	_____	_____
12. _____	_____	_____	27. _____	_____	_____
13. _____	_____	_____	28. _____	_____	_____
14. _____	_____	_____	29. _____	_____	_____
15. _____	_____	_____	30. _____	_____	_____

SIGNATURE OF APPLICANT

TITLE

OFFICE USE ONLY

LICENSE #: _____ RELEASE POLICE OPERATIONS: _____

ELECTRICAL: _____

ELEVATOR: _____

FOR RESPONDING AGENCIES / CITY OFFICIALS

DATE: _____

AN APPLICATION FOR A LICENSE HAS BEEN MADE TO THIS DEPARTMENT TO OPERATE TEMPORARY AMUSEMENT DEVICES AT THE LOCATION SPECIFIED ON THE REVERSE SIDE OF THIS FORM.

PLEASE MAKE YOUR RECOMMENDATIONS BELOW:

DEPARTMENT OF CONSUMER AFFAIRS CONTACT PERSON:

CARMEN GIL – (212) 487-4077

BEVERLY GOTAY – (212) 487-4103

FAX NUMBERS: (212) 487-4090/4050

TO: DEPARTMENT OF CONSUMER AFFAIRS

FROM:

ELEVATOR DIVISION --DOB

BUREAU OF ELECTRICAL CONTROL --DOB

COMMUNITY BOARD # _____

COUNCIL MEMBER DISTRICT _____

THE **ELEVATOR DIVISION/AND OR BUREAU OF ELECTRICAL CONTROL** PERFORMED A MECHANICAL INSPECTION OF THE TEMPORARY AMUSEMENT DEVICES LISTED ON THE REVERSE SIDE OF THIS FORM ON _____. AT THE TIME OF INSPECTION, ALL RIDES LISTED ON THIS REQUEST WERE FOUND TO BE IN SATISFACTORY WORKING ORDER EXCEPT AS INDICATED BELOW.

THE **COUNCIL MEMBER/AND OR COMMUNITY BOARD** HAS NO OBJECTIONS TO THE ISSUANCE OF A TEMPORARY AMUSEMENT DEVICES LICENSE. AT THE LOCATION LISTED ON THE REVERSE SIDE OF THIS FORM.

THIS **COUNCIL MEMBER/AND OR COMMUNITY BOARD** HAS THE FOLLOWING OBJECTIONS TO THE ISSUANCE OF A LICENSE FOR THE TEMPORARY AMUSEMENT DEVICES LISTED ON THE REVERSE SIDE OF THIS FORM.

SIGNATURE OF INSPECTOR

PRINT NAME

TITLE

DATE

PHONE NUMBER